

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

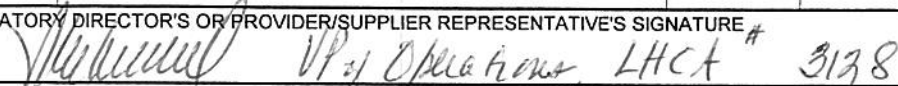
PRINTED: 04/25/2011  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>445481 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>04/20/2011 |
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|   |   |
|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>ASBURY PLACE AT KINGSPORT | STREET ADDRESS, CITY, STATE, ZIP CODE<br>100 NETHERLAND LANE<br>KINGSPORT, TN 37660 |
|---|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   | (X5) COMPLETION DATE |
|--------------------|--|---------------|---|----------------------|
| F 000              | INITIAL COMMENTS   | F 000         |   |                      |
| F 281<br>SS=D      | <p>Investigation of complaint #26081 was completed with the annual Re-certification survey April 18-20, 2011, at Asbury Place at Kingsport. No deficiencies were cited in relation to complaint #26081 under 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on medical record review, observation, and interview, the facility failed to follow the physician's orders for one (#10) of fifteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #10 was admitted to the facility on April 14, 2011, with diagnoses including History of Deep Venous Thrombosis, History of Pulmonary Embolism, Pneumonia, Hypothyroidism, Acute on Chronic Renal Failure, Dermatomyositis, and Congestive Heart Failure.</p> <p>Medical record review of the admission physician's orders dated April 14, 2011, revealed "...Coumadin (blood thinner) 3 mg (milligrams) PO (by mouth) QD (every day) thru Sun (Sunday) 4/17...F/U (follow up) PT/INR (laboratory test to measure blood coagulopathy) 3 times a wk (week) and have PCP (primary care provider) or physician to dose Coumadin..."</p> | F 281         | <p>F 281</p> <p>The PT/INR for Resident # 10 has been obtained. The resident's physician has reviewed the PT/INR results and ongoing orders have been obtained. The resident remains in stable condition.</p> <p>All residents receiving Coumadin have been identified, and orders / lab tests reviewed. PT/INR results are up to date.</p> <p>A system alerting the nurse to resident's receiving Coumadin, and a PT/INR tracking sheet has been implemented.</p> <p>Licensed nurses will be re-educated regarding the Coumadin laboratory monitoring, Coumadin alert and PT/INR tracking systems</p> <p>The Director of Nursing, or designee will audit the physician orders of 5 residents receiving Coumadin per week for 4 weeks, followed by 5 residents per month for 2 months, to determine that PT/INR testing has been done as ordered.</p> |                      |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE #<br> | TITLE<br>VP of Operations, LHCA # 3138 | (X6) DATE<br>5.5.11 |
|---|--|---------------------|

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 281  | <p>Continued From page 1</p> <p>Medical record review, on April 20, 2011, revealed no documentation the PT/INR had been completed.</p> <p>Medical record review of the April 14-30, 2011, Medication Record revealed Coumadin 3 mg was administered on April 14, 17, 18, and 19, 2011. Continued review of the April 14-30, 2011, Medication Record revealed on April 15 and 16, 2011, an X was marked in the slot indicating the Coumadin 3 mg was not administered by Licensed Practical Nurse (LPN) #1.</p> <p>Medical record review of the nursing notes dated April 20, 2011, revealed "...Dr...notified at 0935 that INR scheduled for 4-18-11 was not done-2 doses (Coumadin) missed-received order for STAT INR-lab drawn...&amp; (and) sent to lab...Results called by...from (lab) @ (at) 1110-INR 4.2 (reference range 2.0-3.0) and PT 50.3 (reference range 10.3-13.4)-results called to DR...order received to hold Coumadin Wed &amp; Thurs-INR on Fri 4-22-11...Dr...states lab is not critical, not life threatening..."</p> <p>Observation on April 20, 2011, at 8:25 a.m., revealed the resident seated in a wheelchair crocheting a poncho.</p> <p>Observation with the Director of Nursing (DON) on April 20, 2011, at 9:30 a.m., revealed an empty labeled package from the pharmacy indicating four tablets of Coumadin 3 mg was delivered to the facility on April 14, 2011.</p> <p>Telephone interview on April 20, 2011, at 9:40 a.m., with LPN #1, revealed LPN #1 thought the resident was to receive Coumadin 3 mg on Thursday and Sunday only, and confirmed the</p> | F 281  | <p>Results of the audits will be forwarded to the QA committee for review.</p> <p>May 31, 2011</p>                       |  |  |

*[Signature]*

V.P. of Operations, LHCA #3128

5.5.11

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| F 281  | Continued From page 2<br>Coumadin 3 mg was not administered on April 15 and 16, 2011, as ordered by the physician.<br><br>Telephone interview on April 20, 2011, at 10:10 a.m., with the physician revealed the desired range for the resident's INR was between 1.8 and 3.2.<br><br>Interview on April 20, 2011, at 9:35 a.m., with the DON, in the DON's office, confirmed there was no order to administer Coumadin 3 mg after March 17, 2011, and confirmed the physician's order for Coumadin administration and obtaining a PT/INR had not been followed.   | F 281  |   |  |  |
| F 333<br>SS=D  | 483.25(m)(2) RESIDENTS FREE OF<br>SIGNIFICANT MED ERRORS<br><br>The facility must ensure that residents are free of any significant medication errors.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on medical record review, observation, and interview, the facility failed to prevent a significant medication error for one (#10) of fifteen residents reviewed.<br><br>The findings included:<br><br>Resident #10 was admitted to the facility on April 14, 2011, with diagnoses including History of Deep Venous Thrombosis, History of Pulmonary Embolism, Pneumonia, Hypothyroidism, Acute on Chronic Renal Failure, Dermatomyositis, and Congestive Heart Failure.<br><br>Medical record review of the admission physician's orders dated April 14, 2011, revealed | F 333  | F 333<br>Resident # 10 has been evaluated by her physician. The Medication Administration Record (MAR) has been reviewed and Coumadin is being given as ordered. The resident remains in stable condition.<br>All residents receiving Coumadin have been identified. Medication Administration Records have been reviewed, and Coumadin is being administered as ordered.<br>Licensed nurses have been re-educated regarding appropriate transcription of orders.<br>The Director of Nursing, or designee will audit the Medication Administration Record of 5 residents receiving Coumadin per week for 4 weeks, followed by 5 residents per month for 2 |  |  |

*Signature*

V.P. of Operations, LHCA # 3128 5-5-11

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| F 333  | <p>Continued From page 3</p> <p>"...Coumadin (blood thinner) 3 mg (milligrams)<br/>PO (by mouth) QD (every day) thru Sun (Sunday)<br/>4/17... F/U (follow up) PT/INR (laboratory test to<br/>measure blood coagulopathy) 3 times a wk<br/>(week) and have PCP (primary care<br/>provider/physician) or physician to dose<br/>Coumadin..."</p> <p>Medical record review of the April 14-30, 2011,<br/>Medication Record revealed Coumadin 3 mg was<br/>administered on April 14, 17, 18, and 19, 2011.<br/>Continued review of the April 14-30, 2011,<br/>Medication Record revealed on April 15 and 16,<br/>2011, an X was marked in the slot indicating the<br/>Coumadin 3 mg was not administered by<br/>Licensed Practical Nurse (LPN) #1.</p> <p>Observation on April 20, 2011, at 8:25 a.m.,<br/>revealed the resident seating in a wheelchair<br/>crocheting a poncho.</p> <p>Observation with the Director of Nursing (DON)<br/>on April 20, 2011, at 9:30 a.m., revealed an<br/>empty labeled package from the pharmacy<br/>indicating four tablets of Coumadin 3 mg was<br/>delivered to the facility on April 14, 2011.</p> <p>Telephone interview on April 20, 2011, at 9:40<br/>a.m., with LPN #1, revealed LPN #1 thought the<br/>resident was to receive Coumadin 3 mg on<br/>Thursday and Sunday only, and confirmed the<br/>Coumadin 3 mg was not administered on April 15<br/>and 16, 2011, as ordered by the physician.</p> <p>Interview on April 20, 2011, at 9:35 a.m., with the<br/>DON, in the DON's office, confirmed there was no<br/>order to administer Coumadin 3 mg after March<br/>17, 2011, and Coumadin 3 mg was not<br/>administered on April 15 and 16, 2011, as</p> | F 333  | <p>months, to determine that orders have<br/>been transcribed correctly.<br/>Results of the audits will be forwarded<br/>to the QA committee for review.</p> <p>May 31, 2011</p> |  |  |

*Michael*

V.P. of Operations, LHCA 5.5.11  
#3128

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| F 333  | Continued From page 4<br>ordered by the physician.  | F 333  |  |  |  |
| F 371<br>SS=F  | 483.35(i) FOOD PROCURE,<br>STORE/PREPARE/SERVE - SANITARY<br><br>The facility must -<br>(1) Procure food from sources approved or<br>considered satisfactory by Federal, State or local<br>authorities; and<br>(2) Store, prepare, distribute and serve food<br>under sanitary conditions<br><br>This REQUIREMENT is not met as evidenced<br>by:<br>Based on observation, facility policy review, and<br>interview, the facility failed to maintain the dietary<br>department in a clean and sanitary manner.<br><br>The findings included:<br><br>Observation on April 18, 2011, at 10:45 a.m., with<br>the Acting Dietary Manager (in charge due the<br>absence of the Dietary Manager) revealed the<br>following:<br><br>Three pans stacked wet were returned to the<br>stack of pans which were clean and drying (not to<br>the stack of pans to be rewashed).<br><br>The gas cooking stove had carbon build-up of<br>grease and cooked food around the burners.<br><br>Two convection ovens had build-up of cooked<br>food splattered inside and around the door<br>frames of the ovens. | F 371  | F 371<br>Wet pans are now dried before being<br>put on the rack. Shift checklist has been<br>updated to ensure this is checked at<br>least twice a day.<br><br>The stove top has been cleaned and will<br>be sent out to be sandblasted as<br>needed. An additional stove top is<br>being purchased to allow this to happen.<br><br>Convection ovens are being detail<br>cleaned at the end of each day rather<br>than weekly. Shift checklist has been<br>update to ensure this is clean before the<br>staff leaves each day.<br><br>The large grill (char-broiler) is being<br>cleaned and covered after each use..<br>Shift checklist has been updated to<br>ensure it is inspected daily.<br><br>Weekly cleaning duties have been<br>reorganized to ensure that all tasks are<br>completed, regardless of staff<br>schedules. Chef and Manager will verify<br>completion of all assigned duties each<br>week and file associated documents.<br><br>Three compartment sink automated<br>sanitizer has been recalibrated to proper<br>level. Incoming water temperature has<br>been adjusted by facilities department.<br>Sanitizer will be tested and recorded 4<br>times each day to ensure proper<br>concentration level. |  |  |

*M. M. M.*

V.P. of Operations, LHCA # 3128

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| F 371  | <p>Continued From page 5</p> <p>The large grill had a build-up of cooked food debris and grease.</p> <p>The lids of three bins used for sugar, flour, and corn-meal were soiled with moisture, and food debris.</p> <p>Review of the Weekly Cleaning Duties for Kitchen Staff revealed the Oven/Stove/Flat top, and the Bulk Bins were documented as being cleaned on April 14, 2011. Continued review of the Weekly Cleaning Duties revealed the Grill had not been cleaned during the week of April 3 - 11, or during the week of April 11 - 18, 2011.</p> <p>Review of the facility policy revealed, "...Each employee is given a weekly cleaning task, once completed the task must be checked and signed off by the manager on duty..."</p> <p>Interview with the Acting Dietary Manager on April 18, 2011, at 11:20 a.m., in the dietary department, confirmed the Ovens, Stove, and Grill, were not cleaned.</p> <p>Observation of the three compartment sink on April 19, 2011, at 11:45 a.m., with the Acting Dietary Manager revealed the test strip showed the Parts Per Million as 500, and the water at a temperature of 52 Degrees Fahrenheit. Interview with the Dietary Staff (who usually prepares the three compartment sink water) on April 19, 2011, at 11:50 a.m., in the dietary department, confirmed the sink is usually prepared with cold water.</p> <p>Review of the facility policy for Sanitation Sink revealed, "...Sanitation sink is to be filled with room temp. Sanitizer (65-75 degrees)...Sanitizer</p> | F 371  | <p>Dietary Staff have been re-educated regarding:</p> <ul style="list-style-type: none"> <li>• Proper drying of pans</li> <li>• Cleaning schedule for stove top, char broiler and ovens</li> <li>• Revised weekly cleaning schedule</li> </ul> <p>The Dietary Manager and Executive Chef will audit the following weekly for completeness.</p> <ul style="list-style-type: none"> <li>• The checklist for <ul style="list-style-type: none"> <li>○ Drying of pans</li> <li>○ Stove top cleanliness</li> <li>○ Convections oven cleanliness</li> <li>○ Large grill cleanliness</li> </ul> </li> <li>• Weekly cleaning duty checklist</li> <li>• Three compartment sink sanitizer log</li> </ul> <p>Audit results will be provided to the QA committee</p> <p>May 31, 2011</p> |  |  |

*[Signature]*

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| F 371  | Continued From page 6<br>level must be between 150 and 400 parts per<br>million..."<br><br>Interview with the Acting Dietary Manager on April<br>19, 2011, at 11:50 a.m., in the Dietary<br>Department, confirmed the three compartment<br>sink was filled with cold water and had a<br>sanitation level of 500 Parts Per Million.<br><br>Interview with the Dietary Manager on April 20,<br>2011, at 11:35 a.m., in the dietary department<br>dining room, confirmed the dietary equipment was<br>to be cleaned on a weekly basis and as needed<br>between the regular cleaning schedule.   | F 371  |  |  |  |
| F 441<br>SS=D  | 483.65 INFECTION CONTROL, PREVENT<br>SPREAD, LINENS<br><br>The facility must establish and maintain an<br>Infection Control Program designed to provide a<br>safe, sanitary and comfortable environment and<br>to help prevent the development and transmission<br>of disease and infection.<br><br>(a) Infection Control Program<br>The facility must establish an Infection Control<br>Program under which it -<br>(1) Investigates, controls, and prevents infections<br>in the facility;<br>(2) Decides what procedures, such as isolation,<br>should be applied to an individual resident; and<br>(3) Maintains a record of incidents and corrective<br>actions related to infections.<br><br>(b) Preventing Spread of Infection<br>(1) When the Infection Control Program<br>determines that a resident needs isolation to<br>prevent the spread of infection, the facility must<br>isolate the resident.<br>(2) The facility must prohibit employees with a | F 441  | F 441<br>Resident # 1's wounds remain free of<br>infection<br>LPN # 2 has been re-educated on<br>appropriate wound cleaning technique.<br>Residents with wounds requiring<br>dressing changes have been identified.<br>These residents remain free of wound<br>infection<br>Licensed nurses will be re-educated<br>regarding appropriate wound cleaning<br>techniques. Licensed nurses will<br>complete a dressing change<br>competency test.<br>The Assistant Director of Nursing, or<br>designee will observe 4 dressing<br>changes per week for 4 weeks, followed<br>by 4 dressing changes per month for 2<br>months.<br>Results of the observations will be<br>forwarded to the QA committee |  |  |

*Maureen* VP of Operations, LHCA #3128

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| F 441  | <p>Continued From page 7</p> <p>communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens<br/>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, facility policy review, and interview, the facility failed to cleanse wounds separately to avoid cross-contamination for one (#1) of fifteen residents reviewed.</p> <p>The findings included:</p> <p>Observation on April 19, 2011, at 1:55 p.m., revealed Licensed Practical Nurse (LPN) #2 providing wound care to resident #1. Observation revealed LPN #2 described the wounds as follows: Site A-sacral area, Stage III 7.0 cm (centimeters) X (by) 6.1 cm with yellow slough and a moderate amount of purulent drainage; Site B-right buttock, Stage II 0.8 cm X 0.4 cm; Site C-right buttock, Stage II 1.2 cm X 1.0 cm; Site D-right buttock, Stage II 0.3cm X 0.3 cm; Site E-left buttock, Stage II 1.3 cm X 1.5 cm; Site F-left buttock, Stage II 0.7 cm X 0.4cm. Continued observation revealed LPN #2 used a gauze pad, wet with normal saline, and wiped the wounds on the right buttock and the sacral area using the</p> | F 441  | May 31, 2011   |  |  |

*[Handwritten Signature]*

VP of Operations, CHCA # 3128

5-5-11

MAY 05 2011



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2011  
FORM APPROVED  
OMB NO. 0938-0391

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|--|---|--|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>445481</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/20/2011</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ASBURY PLACE AT KINGSPORT</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>100 NETHERLAND LANE<br/>KINGSPORT, TN 37660</b>   |  |  |
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| F 441  | Continued From page 8<br>same area of the gauze pad, with one wiping<br>motion. Continued observation revealed LPN #2<br>used a second gauze pad, wet with normal saline,<br>and wiped the wounds on the left buttock and the<br>sacral area using the same area of the gauze<br>pad, with one wiping motion.<br><br>Review of the facility's policy Wounds revealed<br>"...Steps and Actions for all dressings...Cleansing<br>each wound separately..."<br><br>Interview on April 19, 2011, at 2:30 p.m., with<br>LPN #2, in the conference room, confirmed the<br>wounds were not cleaned separately.   | F 441  |   |  |  |
| F 502<br>SS=D  | 483.75(j)(1) PROVIDE/OBTAIN LABORATORY<br>SVC-QUALITY/TIMELY<br><br>The facility must provide or obtain laboratory<br>services to meet the needs of its residents. The<br>facility is responsible for the quality and timeliness<br>of the services.<br><br>This REQUIREMENT is not met as evidenced<br>by:<br>Based on medical record review and interview,<br>the facility failed to obtain laboratory services for<br>one (#10) of fifteen residents reviewed.<br><br>The findings included:<br><br>Resident #10 was admitted to the facility on April<br>14, 2011, with diagnoses including History of<br>Deep Venous Thrombosis, History of Pulmonary<br>Embolism, Pneumonia, Hypothyroidism, Acute on<br>Chronic Renal Failure, Dermatomyositis, and<br>Congestive Heart Failure.<br><br>Medical record review of the admission | F 502  | F 502<br>The PT/INR for Resident # 10 has been<br>obtained. The resident's physician has<br>reviewed the PT/INR results and<br>ongoing orders have been obtained.<br>The resident remains in stable<br>condition.<br>All residents receiving Coumadin have<br>been identified, and orders / lab tests<br>reviewed. PT/INR results are up to<br>date.<br>A laboratory tracking system has been<br>added to the 24 hour report.<br>Licensed nurses have been re-educated<br>regarding laboratory orders, including<br>the new tracking system.<br>The Director of Nursing, or designee will<br>audit the 24 hour report 5 times a week<br>for 4 weeks, followed by audits 2 times<br>a week for 2 months. Audits will |  |  |

*Medicare* V.P. of Operations, LHCA #3128

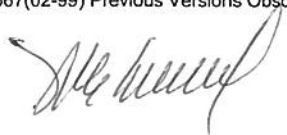
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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>445481</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/20/2011</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ASBURY PLACE AT KINGSPORT</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>100 NETHERLAND LANE<br/>KINGSPORT, TN 37660</b>  |                            |  |
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| F 502  | <p>Continued From page 9</p> <p>physician's orders dated April 14, 2011, revealed "...Coumadin (blood thinner) 3 mg (milligrams) PO (by mouth) QD (every day) thru Sun (Sunday) 4/17...F/U (follow up) PT/INR (laboratory test to measure blood coagulopathy) 3 times a wk (week) and have PCP (primary care provider) or physician to dose Coumadin..."</p> <p>Medical record review, on April 20, 2011, revealed no documentation the PT/INR had been completed.</p> <p>Medical record review of the nursing notes dated April 20, 2011, revealed "...Dr...notified at 0935 that INR scheduled for 4-18-11 was not done ...received order for STAT INR-lab drawn...&amp; (and) sent to lab...Results called by...from (lab) @ (at) 1110-INR 4.2 (reference range 2.0-3.0) and PT 50.3 (reference range 10.3-13.4)-results called to DR...order received to hold Coumadin Wed &amp; Thurs-INR on Fri 4-22-11...Dr...states lab is not critical, not life threatening..."</p> <p>Interview on April 20, 2011, at 9:35 a.m., with the DON, in the DON's office, confirmed the PT/INR had not been completed since the resident was admitted to the facility on April 14, 2011.</p> | F 502  | <p>determine that laboratory tests are done, and results received as ordered. Results of the audits will be forwarded to the QA committee.</p> <p>May 31, 2011</p> |                            |  |



V.P. of Operations, LHCA #3128

5-5-11

MAY 05 2011